

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

George S. Workinger  
 1170 Valley Green Rd.  
 Etters, PA 17319

2. Article Number (Copy from service label)  
 1000 0620 0023 0166 3333  
 PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

George Workinger

B. Date of Delivery

C. Signature

X George Workinger

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Agent  
 Addressee  
 Yes  
 No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  Yes

4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

102595-00-M-0952

FILED  
HARRISBURG PA

JUN 07 2001

RYE. D'ANDREA CLERK  
Dep. Clerk

RU-01-130

order

6-4-01